

MASSACHUSETTS DEPARTMENT OF MENTAL RETARDATION

Health Promotion and Coordination Initiative

Training and Resource Manual

ADDENDUM

September 2007



Updates to the October 2004 Manual for Providers, Families, and DMR Staff to promote communication, coordination, and access to health care.

The DMR Health Promotion and Coordination Initiative

This document serves as an addendum to the Health Promotion and Coordination Initiative Training and Resource Manual (Updated October 2004). The processes and requirements outlined in the October 2004 manual remain in place unless specific modifications are detailed in this addendum.

The Massachusetts Department of Mental Retardation's Health Promotion and Coordination Initiative was implemented statewide in May 2003 as a means to promote and enhance communication of important health issues between individuals, support providers, and clinical care providers as well as promoting appropriate health screening for all individuals that DMR supports. DMR's evaluation of the implementation and use of the initiative has informed the clarifications and updates outlined in this addendum. In some cases, the tools have not been modified, but a clarification for their intended use is included. In others, as in the case of the Health Screening Recommendations, the recommendations have been modified to include current best practice in the field of preventative health.

Three elements of the Health Initiative are discussed in this addendum:

- 1. PREVENTIVE HEALTH SCREENING RECOMMENDATIONS**
- 2. HEALTH REVIEW CHECKLIST (HC-2)**
- 3. DMR HEALTH RECORD (HC-5)**

PREVENTIVE HEALTH SCREENING RECOMMENDATIONS

(refer to Training and Resource Manual – page 6)

The DMR Health Screening Recommendations were revised in 2007, using the most up to date screening recommendations in the field of preventive health screening.

The primary references used for these updates were:

MHQP Adult Preventive Care Recommendations (2005 update)

http://www.mhqp.org/mhqp_attachments/adultDesk.pdf

Consensus guidelines for primary health care of adults with developmental disabilities Sullivan et. al., *Canadian Family Physician* November 2006.

http://www.cfpc.ca/cfp/2006/Nov/_pdf/vol52-nov-cme-sullivan.pdf

CDC Recommended Adult Immunization Schedule October 2006 – September 2007.

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#print>

DMR presents the Health Screening Recommendations in 3 formats:

1. A pamphlet. The *revised* pamphlet is included here and is posted on the DMR web site. It includes a condensed version of the screening recommendations as well as revisions to the resource information.
2. The *revised* “Wall Chart” identifies all recommended screenings by age and should be reviewed when preparing for a medical appointment.
3. The *revised* Annual Health Screening Recommendations Checklist (HC-1). This is a summary checklist that provider staff ***in DMR-funded residential programs*** must complete prior to the annual physical. It should be completed by a person familiar with the individual’s health history or with access to their health record.
Screenings or immunizations which are appropriate for the individual based on the criteria outlined on the “**Wall Chart**” should be checked off on the “Checklist” and discussed with the Health Care provider at the physical exam.

****Note** that the recommended annual Sensory Screenings (vision and hearing), are simply the preliminary and structural exam usually conducted by the Health Care Provider during the annual exam. If there appears to be a problem with vision or hearing the individual should be referred to a hearing or vision specialist for further evaluation.

HEALTH REVIEW CHECKLIST (HC-2)
(refer to Training and Resource Manual – page 11)

The revised Health Review Checklist (HC-2) contains all the same questions, with a move of the item “engages in sex” from the “habits” to “genitourinary” section.

When to use the Health Review Checklist:

The checklist is a required form for DMR-funded residential programs.

It is to be completed in preparation for the annual physical exam as well as for every encounter with the primary Health Care Provider. The reason for this is that the HRC was created to relay any possible information relative to an individual's health status to the HCP whether or not the information appears to be related to the reason for the visit. Early detection and reporting of health conditions that may first be noted as behaviors or changes in activities of daily living can prevent worsening of the condition and may even cause a reversal of the health issue due to early treatment or intervention. Direct support professionals are not expected to exercise clinical judgment and consistently share pertinent signs of an emerging health issue with the Health Care Provider. The Health Review Checklist serves to enhance the likelihood that early signs and symptoms of an underlying health problem will be reported.

In order to help identify recent changes to a person's status, it is recommended that the individual who completes the Health Review Checklist highlights (or indicates with a colored marker) the areas in which there is a change in the person's status.

Where to file the HRC after the visit:

The Health Review Checklist should be filed with the Health Care Provider encounter or visit form that was completed at the Health Care Provider visit.

DMR HEALTH RECORD (HC-5)
(refer to Training and Resource Manual – page 20)

New!

The DMR electronic Health Record.

The DMR Health Record transitioned from being a paper-based record to an electronic Health Record in DMR's web-based HCSIS database in a phased roll-out during 2006.

Any individual who receives services from DMR and has an Individual Service Plan must have an electronic Health Care Record in HCSIS.

Notes regarding DMR's electronic Health Record

- The electronic Health Record is available to designated staff at provider agencies who serve an individual, as well as the individuals' Service Coordinator and supporting DMR Area office staff.
- The required fields within the HCSIS electronic Health Record may be periodically modified as part of DMR's ongoing effort to enhance its data systems.
- In most cases, the Health Record is not available electronically to the individual's primary care provider and must be printed and brought to a medical appointment.
Staff should ensure that they have a copy of the most recent Health Record when bringing a paper copy to a Health Care Provider.

Requirements for Completion of the Health Record

- If an individual resides in a residential program funded by DMR, the residential provider is responsible for entering and maintaining the Health Care Record in HCSIS.
- If an individual does not receive residential services, the DMR Service Coordinator is responsible for entering and maintaining the Health Care Record in HCSIS.
- The HCR must be updated annually in preparation for the ISP. It is the responsibility of the SC to ensure that it has been done